

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Trevis Hall

SDNY

2016 MAR 22 PM 12:29

(In the space above enter the full name(s) of the plaintiff(s).)

**AMENDED
COMPLAINT**

under the Civil Rights Act,
42 U.S.C. § 1983

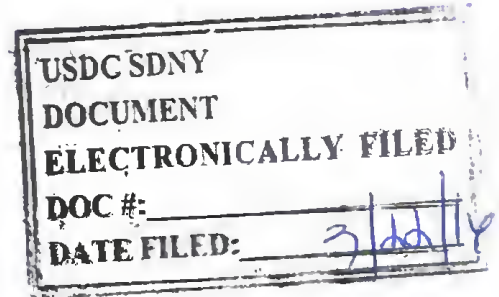
-against-

G Barbasa - (Corrections
Officer - Badge # 9256)

Jury Trial: ☐ Yes ☐ No
(check one)

 Civ. ()

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)



I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff's

Name

Trevis Hall

ID#

Current Institution

Rikers Island Correctional

Address

18-18 Hazen St.

East Elmhurst, New York 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

Barbasa, G

Shield #

9256

Where Currently Employed

Rikers Island (A.M.)

Address

O.B.C.C. East Elmhurst

New York 11370

Defendant No. 2 Name _____ Shield # _____
Where Currently Employed _____
Address _____

Defendant No. 3 Name _____ Shield # _____
Where Currently Employed _____
Address _____

Who did
what?

Defendant No. 4 Name _____ Shield # _____
Where Currently Employed _____
Address _____

Defendant No. 5 Name _____ Shield # _____
Where Currently Employed _____
Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?
O.B.C.C. Detention Center - Rikers Island
16-00 Hazen St. E. Elmhurst N.Y.
11370

B. Where in the institution did the events giving rise to your claim(s) occur?
Dorm 1-upper Bed #50

C. What date and approximate time did the events giving rise to your claim(s) occur?
October 15, 2015 at approximately
18:45 hrs.

D. Facts: On this date, October 10, 2015 I
was physically assaulted by inmate Senoade
I.D # 1411506488. Officer Barbara badge # 9256,
was assigned to B-Post during the 3 to 11

What
happened
to you?

Tour Officer Barbosa observed inmate
Seemside walk into my dorm unit (upper)
from dorm (4-upper) and assault me.
* See attached statement *

→ Anthony Reyes - B&C # 141408857
Yugame/ Wattower - B&C # 4411504864
Michael Eoberion - B&C # 1131500841
Olesegun Isajola - B&C # 4411505321

Was
anyone
else
involved?

→ No one else was involved in said
incident

Who else
saw what
happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

* Eye and Facial Injury

- I received bruises of my Polypoid
with swelling of my right Maxillary
Sinus Membrane. - Fractured facial
bone. Prolonged blurred vision, emotional
trauma
* See attached medical report *

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐



CORRECTION DEPARTMENT
CITY OF NEW YORK



REPORT AND NOTICE OF INFRACTION

Form: 6500A
Rev.: 02/09/07
Ref.: Dir. #6500R-B

Infraction #:	Institution: OBCC	Date of Incident: 10/10/15	Date of Report: 10/10/15
Inmate Name (Last, First): Hall, Trevor	B&C/Sentence #: 9801400656	NYCID #: [REDACTED]	
Location of Incident (Be Specific): DOAM AREA # 50	Housing Area Location: 1-U	Approximate Time of Incident: 1849 Hrs.	
Charge # 101.12	Offense ASSAULT & BATTERY	Charge #	Offense
Reporting Official (Print Name, Rank and Shield #): BARBARA G. C.D. 9256		Reporting Official (Signature): [Signature]	

Details of Incident (Include details as to How, When and Where Infraction was Committed): **ON THE ABOVE DATE, I C.O. BARBARA 9256 ASSIGNED TO 1-UPPER B-POST DURING THE 3X11H TOUR. WAS WALKING TO THE FRONT OF THE DOAM, OBSERVED INMATE SCENARISE, #1411506498 01912973N OF 4-UPPER APPROACH BED #50 WHERE INMATE HALL/9801400656/122221682R WAS SITTING. INMATES EXCHANGED WORDS FOLLOWED BY INMATE SCENARISE/1411506498/01912973N STRIKE INMATE HALL/9801400656/122221682R IN THE FACE. INMATE HALL, T. PROCEEDED TO DEFEND HIMSELF STRIKING INMATE SCENARISE. A 1411506498/01912973N. PSA #29 WAS ACTIVATED, RESPONSE TEAM RESPONDED TO AREA ESCORTING INMATE HALL/9801400656/122221682R TO INTAKE.**

You are entitled to a hearing for this infraction no sooner than twenty-four (24) hours after you are served with this notice. If you are a sentenced inmate and you commit an infraction within twenty-four (24) hours prior to your discharge, and have not reached your maximum sentence expiration date, you may be served with charges and held for a hearing. The Department will make every effort to hold this hearing within three (3) business days of the service of this notice. This three (3) business day period excludes the day you are served, weekends, holidays, days you go to court (whether in person or via teleconference), days you are hospitalized or at a hospital attending a clinic, days you leave the facility for an attorney interview, days you are unavailable because you are transferred to another facility and days you are unavailable due to your absence from the facility for any purpose. The three (3) business day period is automatically extended by one (1) business day if you are transferred to another facility prior to your hearing (unless you are a Pre-Hearing Detention Inmate). Commencement of a hearing after three (3) business days is at the discretion of the Adjudication Captain and is not barred by Department rules.

At your hearing you have the following rights:

1. Right to appear personally, unless you waive your right to appear, refuse to attend the hearing or appear at the hearing and become disruptive.
2. Right to make statements. If you choose to remain silent, your silence cannot be used against you. If you make a statement, such statement cannot be used in a subsequent criminal trial unless you have been given a Miranda Warning and then voluntarily testify.
3. Right to present material evidence.
4. Right to present witnesses.
5. Right to the assistance of a Hearing Facilitator if Adjudication Captain deems one is necessary.
6. Right to an interpreter if you cannot communicate well enough in English.
7. Right to appeal.

Within twenty-four hours of the Adjudication Captain reaching a decision of guilty, you will receive a copy of the "NOTICE OF DISCIPLINARY HEARING DISPOSITION" form informing you of the violation(s) you are found guilty of, the basis for that finding, the evidence relied upon and the penalty to be imposed. The following penalties are the maximum which may be imposed individually or in any combination:

1. Reprimand.
2. Loss of privileges.
3. Loss of good time if you are a sentenced inmate.
4. Punitive segregation for up to ninety (90) days per each applicable individual charge.
5. Restitution for intentionally damaging or destroying City property.

A twenty five (\$25) dollar disciplinary surcharge will be imposed on all inmates found guilty of a Grade I or Grade II offense. You have the right to appeal an adverse decision rendered by the Adjudication Captain.

Interpreter Requested:	<input type="checkbox"/> Yes (If yes, include what language)	<input checked="" type="checkbox"/> No
Hearing Facilitator Requested:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Witness(es) Requested:	<input type="checkbox"/> Yes (If yes, include witness(es) Name, Book and Case Number (if inmate) or Shield/ID (if staff) and Location (if inmate) or Post (if staff).	<input checked="" type="checkbox"/> No
Witness (Print Name):	B&C Number:	Location:
Witness (Print Name):	B&C Number:	Location:
Witness (Print Name):	B&C Number:	Location:
Witness (Print Name):	Shield/ID Number:	Post:
I certify that I received a copy of this notice:	Signature of Inmate: [Signature]	Date: 10/19/15
Served by (Print Name, Rank and Shield #): [Signature]	Signature of Server: [Signature]	Time: 4:50



CORRECTION DEPARTMENT
CITY OF NEW YORK



HEARING REPORT AND NOTICE OF
DISCIPLINARY DISPOSITION

Page 2
Of
2 Pages

Form: 6500D
Rev.: 02/09/07
Ref.: #6500R-B

DOCUMENTARY EVIDENCE (Where applicable)

Photograph of Injury: ☐ Yes ☐ No
Photograph of Weapon: ☐ Yes ☐ No
Reports - Specify Types: ☐ Yes ☐ No
Logbooks - Specify Types: ☐ Yes ☐ No
Infraction Investigation: ☐ Yes ☐ No
Physical Evidence (List): ☐ Yes ☐ No
Witness Statements (List Witnesses): ☐ Yes ☐ No

Shown to Inmate ☐ Yes ☐ No
Shown to Inmate ☐ Yes ☐ No
Shown to Inmate ☐ Yes ☐ No
Shown to Inmate ☐ Yes ☐ No
Shown to Inmate ☐ Yes ☐ No
Shown to Inmate ☐ Yes ☐ No
Shown to Inmate ☐ Yes ☐ No

Dismissed

On this date and time following disposition was reached after a hearing on the charges listed below:

10/19/15

Charge #	Dismissed	Guilty	Penalty	Basis for Findings & Evidence Relied On
<i>601-12 I</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Based on C/O Barbosa #9256 GSDA Report that inmate Hall, Trevor was the victim of an assault.</i>

Dismissed

Twenty Five Dollar (\$25) Disciplinary Surcharge Grade I or Grade II offence only:

☐ Yes ☒ No

If you have been found guilty of multiple rule violation, these penalties will be served:

☐ Consecutively

☐ Concurrently

Infraction Dismissed: ☒ Yes ☐ No

Reason:

Inmate Hall, Trevor was the victim of an assault.

Pre-Hearing Detention Time Credit:

2 Days.

Adjudication Captain (Print Name, Rank and Shield #):

Signature of Adjudication Captain:

Perry Capt #480

Perry

You have the right to appeal an adverse decision rendered by the Adjudication Captain within two (2) days of service of this decision. If you have been sentenced to a total of thirty (30) days or more of punitive segregation or loss of all your good time on any one (1) Notice of Disciplinary Disposition (6500D), your appeal shall be forwarded to the General Counsel in the Legal Division. Within five (5) days of the receipt of your appeal, you will receive a written decision from the General Counsel regarding such appeal unless further documentation / information is required by the General Counsel to decide your appeal. In those cases, the five (5) business day time limit shall be extended and the reason for the extension will be noted on the General Counsel's decision to you. If you receive an unfavorable decision from the General Counsel or you do not receive a decision from the General Counsel within ten (10) business days of receipt of your appeal, you may file a petition for a writ under Article 78 of the CPLR. If you are sentenced to less than thirty (30) days punitive segregation or loss of less than all your good time, you may appeal that decision to the Warden of the facility where the infraction occurred.

I certify that I received a copy of this notice:

Inmate's Signature:

Refused

B&C / Sentenced #:

9801400656

Date:

10/26/15

Time:

1720 JH

Served by (Print Name, Rank and Shield #):

Lime Captain 1418

Signature of Server:

Dutra Capt 1418

☒ Yes

☐ No

Witnessed By:

Rue #8223

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

O.B.C.C. 16-00, Hazen St.
East Elmhurst, New York 11370

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☐ Do Not Know ☒

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

*See attached Greivance Form.

1. Which claim(s) in this complaint did you grieve?

*See attached

2. What was the result, if any? *See attached

Grievance Documents

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

Awaiting response
from Super Intendants office

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I was informed that my grievance was forwarded to the Superintendent's office. It has been over 90 days and I've not received a reply.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I am requesting monetary compensation for the assault of my person due to the negligence of the New York City Dept. of Corrections, along with emotional and psychological trauma received in the amount of \$500,000.00

On
these
claims

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ___ No ☒

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ___ No ___

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ___ No ☒

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____
If NO, give the approximate date of disposition _____
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this ____ day of _____, 20__.

Signature of Plaintiff _____

Inmate Number _____

Institution Address _____

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 11 day of March, 2016, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: _____

Chris Hall

3/11/16
Nkechi Igbo
NOTARY PUBLIC-STATE OF NEW YORK
No. 01166163948
Qualified in Queens County
My Commission Expires April 09, 2019

Mr. Travis Hall
9801400056
H.M.C.
18.18 Hazen St
East Elmhurst, N.Y.
11370



Clerk of the United States District Court
Southern District of New York
U.S. Courthouse - 500 Pearl Street
New York, N.Y. 10007

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NEW YORK NY 100
10 MAR 2006 09 22



11 MAR 29 2006